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**19<sup>th</sup> February 2026**

Dear Sir/Madam

**Freedom of Information Act (FOI) 2000 - Request for Information Reference:** Oncology  
Breast Cancer July - Sept 2025

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our sincere apologies for the delay.

**Home, Community, Hospital.**

FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details
<p>1. How many patients have been treated for breast cancer (any stage) in the past 3 months with the following systemic anti-cancer therapies:</p> <ul style="list-style-type: none"> <li>• Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)</li> <li>• Abemaciclib + Fulvestrant</li> <li>• Alpelisib + Fulvestrant</li> <li>• Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide only</li> <li>• Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel</li> <li>• Atezolizumab</li> <li>• Capivasertib</li> <li>• Capecitabine as a single agent</li> <li>• Carboplatin + Paclitaxel</li> <li>• Elacestrant</li> <li>• Eribulin as a single agent or in</li> </ul>	<ul style="list-style-type: none"> <li>• Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) - 2 patients</li> <li>• Abemaciclib + Fulvestrant - 1 patient</li> <li>• Alpelisib + Fulvestrant - 0 patients</li> <li>• Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide only - 10 patients</li> <li>• Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel - 0 patients</li> <li>• Atezolizumab - 0 patients</li> <li>• Capivasertib - 0 patients</li> <li>• Capecitabine as a single agent - 1 patient</li> <li>• Carboplatin + Paclitaxel - 0 patients</li> <li>• Elacestrant - 0 patients</li> <li>• Eribulin as a single agent or in combination - 0 patients</li> <li>• Everolimus + Exemestane - 0 patients</li> <li>• Fulvestrant as a single agent - 6 patients</li> <li>• Palbociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) - 0 patients</li> <li>• Palbociclib + Fulvestrant - 0 patients</li> <li>• Parp Inhibitors (Olaparib/Talazoparib) - 0 patients</li> <li>• Pembrolizumab Monotherapy - 0 patients</li> <li>• Pembrolizumab + Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide - 0 patients</li> </ul>			

combination	<ul style="list-style-type: none"><li>• Carboplatin + Paclitaxel + Pembrolizumab - 0 patients</li><li>• Pertuzumab (Perteja) + Trastuzumab (Herceptin) - 0 patients</li><li>• Phesgo (Pertuzumab + Trastuzumab in a single injection) - 0 patients</li><li>• Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) - 0 patients</li><li>• Ribociclib + Fulvestrant - 0 patients</li><li>• Sacituzumab Govitecan - 0 patients</li><li>• Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent - 0 patients</li><li>• Trastuzumab deruxtecan (Enhertu) - 0 patients</li><li>• Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel - 0 patients</li><li>• Trastuzumab emtansine (Kadcyla) - 0 patients</li><li>• Any other active systemic anti-cancer therapy - 29 patients</li></ul>			
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<ul style="list-style-type: none"> <li>• Trastuzumab deruxtecan (Enhertu)</li> <li>• Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel</li> <li>• Trastuzumab emtansine (Kadcyla)</li> <li>• Any other active systemic anti-cancer therapy</li> </ul>			
<p>2. In the past 3 months, how many patients have been treated with the following systemic anti-cancer therapies for breast cancer (please further break down if they were treated for early or metastatic disease):</p> <ul style="list-style-type: none"> <li>• Phesgo (Pertuzumab + Trastuzumab in a single injection)</li> <li>• Pertuzumab (Perteja) + Trastuzumab (Herceptin)</li> <li>• Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel</li> <li>• Trastuzumab deruxtecan (Enhertu)</li> <li>• Trastuzumab emtansine (Kadcyla)</li> <li>• Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)</li> <li>• Abemaciclib + Fulvestrant</li> <li>• Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)</li> <li>• Ribociclib + Fulvestrant</li> <li>• Capecitabine as a single agent</li> <li>• Carboplatin + Paclitaxel</li> <li>• Carboplatin + Paclitaxel + Pembrolizumab</li> </ul>	<ul style="list-style-type: none"> <li>• Phesgo (Pertuzumab + Trastuzumab in a single injection) - 0 patients</li> <li>• Pertuzumab (Perteja) + Trastuzumab (Herceptin) - 0 patients</li> <li>• Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel - 0 patients</li> <li>• Trastuzumab deruxtecan (Enhertu) - 0 patients</li> <li>• Trastuzumab emtansine (Kadcyla) - 0 patients</li> <li>• Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) - 0 patients</li> <li>• Abemaciclib + Fulvestrant - 0 patients</li> <li>• Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) - 0 patients</li> <li>• Ribociclib + Fulvestrant - 0 patients</li> <li>• Capecitabine as a single agent - 0 patients</li> <li>• Carboplatin + Paclitaxel - 0 patients</li> <li>• Carboplatin + Paclitaxel + Pembrolizumab - 0 patients</li> </ul>		

letrozole) • Abemaciclib + Fulvestrant • Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) • Ribociclib + Fulvestrant • Capecitabine as a single agent • Carboplatin + Paclitaxel • Carboplatin + Paclitaxel + Pembrolizumab				
3. Does your trust participate in any clinical trials for breast cancer? If so, please provide the name of each trial, and the number of patients taking part.	Yes Sweet – 20 Cambria – 2 Mammo 50 – 60			

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email [sally.brookshanahan@nhs.net](mailto:sally.brookshanahan@nhs.net).

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email [casework@ico.org.uk](mailto:casework@ico.org.uk).

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email [sfh-tr.foi.requests@nhs.net](mailto:sfh-tr.foi.requests@nhs.net).

Yours faithfully

### Information Governance Team

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